

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

Request to amend name on Class C Non-Emergency
Certificate

Executive Medical Transportation, LLC

RECEIVED

DOCKET

NUMBER: 2008 - 24 - T

FEB - 2 2010

ORS
T.T.W.W.A.W.

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: * CHARLES D. BROWN

Telephone: * (240) 501-5189

Address: * 6938 Faust Street

Fax: * (803) 699-9940

* Columbia, SC

Other:

* 29223

Email: * etebal@imore.comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

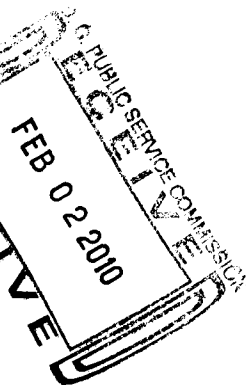
- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☒ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

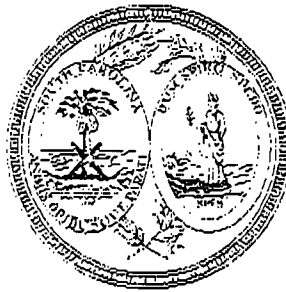
If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

EXECUTIVE MEDICAL TRANSPORTATION, INC.,
a corporation duly organized under the laws of the State of South Carolina on November 20th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
18th day of November, 2009.


Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVED

FEB - 2 2010

DATE:

2 Feb 10

ORS
T, T, W, W, W

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 7917

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change** ~~(Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)~~

From: Executive Medical Transportation, LLC

(Current Name)

(Current DBA if applicable)

TO: Executive Medical Transportation, Inc.

(New Name)

(New DBA if applicable)

☐ **Scope of Authority**

From: _____

(Current Scope)

To: _____

(New Scope)

☐ **Passenger Limit**

From: _____

(Current Limit Number)

To: _____

(New Limit Number)

CHARLES D. BROWN
 * Executive Medical Transportation, Inc. * 6938 Faust Street
 (Name & DBA if applicable) (Street Address)

* Columbia, SC 29223
 (City, State, Zip Code)

* Charles D. Brown
 (Signature)

* (240) 501-5189
 (Telephone Number)

* Owner
 (Title)